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Steroid Levels and Infection

SIR,—In an experiment on a comparison of the effects of treatment with cortisone, or a mixture of cortisone and one of a series of synthetic anabolic or progestational steroids of varying anticatabolic activity, on white New Zealand rabbits, some combinations (cortisol, together with testosterone or the progestational steroids) produced effects which resulted in a widespread distribution of small thrombi and consequent necrotic patches. In the case of testosterone it has been shown that the mechanism is similar to that observed in human histology.¹⁻³ In the main experiment groups of five animals were used, which consisted of one control, one given 15 mg./kg. cortisone acetate, and three given 15 mg./kg. cortisone together with 5 mg./kg. of the anabolic steroid. In several groups of animals unintentional variables were introduced, which may be of interest in a rather different context.

Some groups of animals were found to have a lung infection, which histologically showed appearances consistent with pseudo-tuberculosis. It was observed that the spread of infection in the lung was greatest when the catabolic level was highest (that is, the animals on cortisone alone) and decreased as the level of anticatabolic activity increased. In a further group of animals infection was

introduced by the needle as the steroids were being injected, and observation on these served to confirm that it was the anticatabolic level (the effect on cell mobility and division) rather than the anabolic level (the effect on protein production) which determined the sensitivity or resistance to infection. In several animals, where the anticatabolic level was comparatively low, both types of infection spread to necrotic patches away from the region of primary infection.

It is already known that some anabolic (or anticatabolic) substances enable the desired effects to be produced by lower doses of corticosteroids. These present observations would seem to suggest that certain anticatabolic substances may also have a potential value in reducing possible complications of prolonged corticosteroid therapy.—I am, etc.,

K. LITTLE.

United Kingdom Atomic
Energy Authority,
Wantage Research Laboratory
(A.E.R.E.),
Berkshire.

REFERENCES

- 1 Little, K., and White, A. M., *Biorheology*, 1968, in press.
- 2 Little, K., and White, A. M., 1968, in preparation.
- 3 Little, K., *J. Bone Jt Surg.*, 1968, 50B, 237.

rewarding than passive immunization. Meanwhile it would seem relevant to carry out serological tests for rubella antibodies in women before pregnancy in order to detect those who are susceptible. In this connexion it would be reasonable to give priority for such tests to groups at high risk of infection such as nurses and teachers.—I am, etc.,

CONSTANCE A. C. ROSS.

Regional Virus Laboratory,
Ruchill Hospital,
Glasgow N.W.

Thyroid Asymmetry

SIR,—We were interested to read the letter of Dr. J. D. Wiener and Mr. P. Roos (3 August, p. 312) on their results of scanning of normal thyroids and in those affected by a variety of thyroid diseases. We have recently been preparing a paper, which will be published in full elsewhere, on the site of occurrence of clinically single thyroid nodules in euthyroid subjects and can confirm their data on this clinical subgroup. In a series of 278 such nodules 147 (52.8%) occurred in the right lobe, 90 (32.6%) occurred in the left lobe, and 41 (14.8%) occurred in the isthmus.—We are, etc.,

JOHN A. THOMSON.
IVOR M. D. JACKSON.

University Department of
Medicine,
Royal Infirmary,
Glasgow C.4.

Rubella and Pregnancy

SIR,—In its report on rubella in pregnancy (27 July, p. 203) the Public Health Laboratory Service Working Party found that the proportion of women susceptible to rubella varied in different areas of England and Wales, ranging from 20% in London to 4% in Leeds. Our findings in the Glasgow area are in keeping with these results. During 1965-6 rubella-neutralizing antibody was detected in sera collected from 46 of 51 women of child-bearing age not recent contacts of rubella, that is, only 5 (9.8%) were susceptible. In your leading article (27 July, p. 199) you state that "though immunoglobulin often fails to prevent rubella infection, the foetus will not necessarily be

damaged," but you conclude that "passive immunization cannot be relied upon." It would seem that, since virological tests on paired sera can now demonstrate active rubella infection, susceptible women in whom such infection is detected during the first trimester of pregnancy will generally wish therapeutic abortion even if they have already received immunoglobulin. The administration of immunoglobulin would therefore appear unnecessary both for those who are immune and for most of those who are susceptible.

As you rightly emphasize, the prospect of active immunization of susceptible women with attenuated vaccines may be more

Old People in Hospital

SIR,—I have estimated that there are about 60,000 geriatric beds in England and Wales, and some 58,000 beds in psychiatric hospitals occupied by patients over the age of 65. Old people also occupy a substantial proportion of the 170,000 acute—that is, general hospital—beds.

Your leading article (20 July, p. 135) indicates that the medical profession has a duty to examine carefully the competing claims of patients with acute and chronic diseases in hospital beds. In the same issue